



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## DRIVER EDUCATION SCHOOL APPLICATION FOR ADDRESS CHANGE INSTRUCTIONS

Each driver education school desiring to change their mailing and/or physical shall provide an application for approval that shall be in compliance with 16 TAC §84.300(b)(5) and TDLR established guidelines to change the school's addresses. The following information shall be submitted to the address listed above.

- 1. ASSUMED NAME/DBA OF SCHOOL** – Enter the official name of the school. This must be the name you are licensed under.
- 2. SCHOOL LICENSE NUMBER** – Enter the license number of your school that is applying for the address change.
- 3. ORGANIZATION TYPE** – Select organization type.
- 4. SCHOOL'S MAILING ADDRESS AND CONTACT INFORMATION** – Enter the school's mailing address, phone number, fax number, email address, and website address. This address is where the Department will mail all correspondence and may be a post office box. Provide the contact person's name, telephone, number, and email address. Email addresses are a part of the key information required to transact business with TDLR. Your email address is confidential pursuant to the Texas Public Information Act and will not be shared with the public.
- 5. SCHOOL'S PHYSICAL ADDRESS** – Enter the physical address of the school. This address is the actual business location of the school and where permanent records must be kept for auditing and inspection purposes. A post office box is not acceptable for the physical address.
- 6. OWNER INFORMATION** – List the name, title, contact information, and ownership information for each owner of the school.
- 7. STATEMENT OF APPLICANT(S) AND/OR OFFICER(S)** – Application must be signed by the owner, officer or other authorized representative of the school. You must print your name, sign and date the application.

### Review Process

An application is not considered complete and will not be processed until all sections of the application have been completed and all documents have been received. Applications are processed in the order received. During the review process, you will be notified in writing of any discrepancies/requirements not met.

### Required Documents

The following must be submitted along with the application:

- \$150 Fee Non-refundable
- Completed Driver Education School Application for Address Change
- Original Bond or Alternate Form of Security - (see section 1001.207(a) and(b) for bond requirements; a rider from the surety bond company showing the new address listed and is acceptable.

**Inspection Process**

When your application is approved, you will receive an Initial Inspection Request form and Driver Education School Checklist by email or mail. Use the checklist to ensure the school meets all of the requirements. You will email the Inspection Request form to the email address listed on the form.

- Inspection Passed - If the school passes inspection, the report will be entered into the database and the license will be mailed to the address on this application.
- Inspection Not Passed - If the school does not pass inspection, the inspector will go over what is required to pass inspection. Once corrections listed on the Inspection Report are made, you will need to provide documentation and/ or picture(s) showing corrections were made to the inspector.

**Student Enrollment**

Schools may not enroll students until the inspection has been passed and the license has been received in accordance with Texas Administrative Code, Title 16 Chapter 84, Rule 84.101

**SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at [www.tdlr.texas.gov](http://www.tdlr.texas.gov) or reach the Education and Examination division via webform where you can submit your request for assistance and include attachments as needed at <https://ga.tdlr.texas.gov:1443/form/education>. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## DRIVER EDUCATION SCHOOL APPLICATION FOR ADDRESS CHANGE

<b>1. Assumed Name and or DBA of School:</b>	<b>2. School's License Number:</b>	
<b>3. Organization Type: (check one)</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability		
<b>4. Driver Education School's Mailing Address and Contact Information:</b> (Used to receive mail from TDLR, P.O. BOX is allowed)		
Number, Street Name, Suite Number/Apartment Number		
City	State	Zip Code
School's Email Address		School's Web Address
School's Phone Number		School's Fax Number
Contact Person's Name	Phone Number	Email Address
<b>5. Driver Education School's Physical Address:</b> (Where permanent records are kept, P.O. BOX is <u>not</u> allowed)		
Number, Street Name, Suite Number/Apartment Number		
City	State	Zip Code
County		
<b>6. Business Name (Owner Name, if Sole Proprietorship):</b>		
Business Name/Owner Name	Ownership %	
Federal ID No. or Owner Social Security No.*: _____		
<b>Mailing Address and Contact Information:</b>		
Number, Street Name, Suite Number/Apartment Number/P.O. Box		
City	State	Zip Code
Phone Number	Email Address: (example: johndoe@aol.com )	

**Additional Owner Information Mailing Address and Contact Information:** (if necessary)

Business Name/Owner Name

Ownership %

Federal ID No. or Owner Social Security No.\*: \_\_\_\_\_

**Mailing Address and Contact Information:**

Number, Street Name, Suite Number/Apartment Number/P.O. Box

City

State

Zip Code

Phone Number

Email Address: (example: johndoe@aol.com )

**Additional Owner Information Mailing Address and Contact Information:** (if necessary)

Business Name/Owner Name

Ownership %

Federal ID No. or Owner Social Security No.\*: \_\_\_\_\_

**Mailing Address and Contact Information:**

Number, Street Name, Suite Number/Apartment Number/P.O. Box

City

State

Zip Code

Phone Number

Email Address: (example: johndoe@aol.com )

**STATEMENT OF APPLICANT**

**7. By signing this application I certify that all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the law of the Texas Department of Licensing & Regulation (Title 5, Texas Education Code, Chapter 1001) and the rules of the Texas Department of Licensing & Regulation (16 Texas Administrative Code, Chapter 84). I understand that providing false information on this application and all attachments may result in the revocation of the approval I am requesting and the imposition of administrative penalties.**

Signature of Owner, Officer, or Authorized Representative

Date Signed

Printed Name of Owner, Officer, or Authorized Representative

Title